

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Hemospermia

BY

*Dr. Abdel Shakour A. Al Mohamady
Prof. of Dermatology, Venereology And
Andrology*

*Faculty of Medicine
Al-Azhar University*

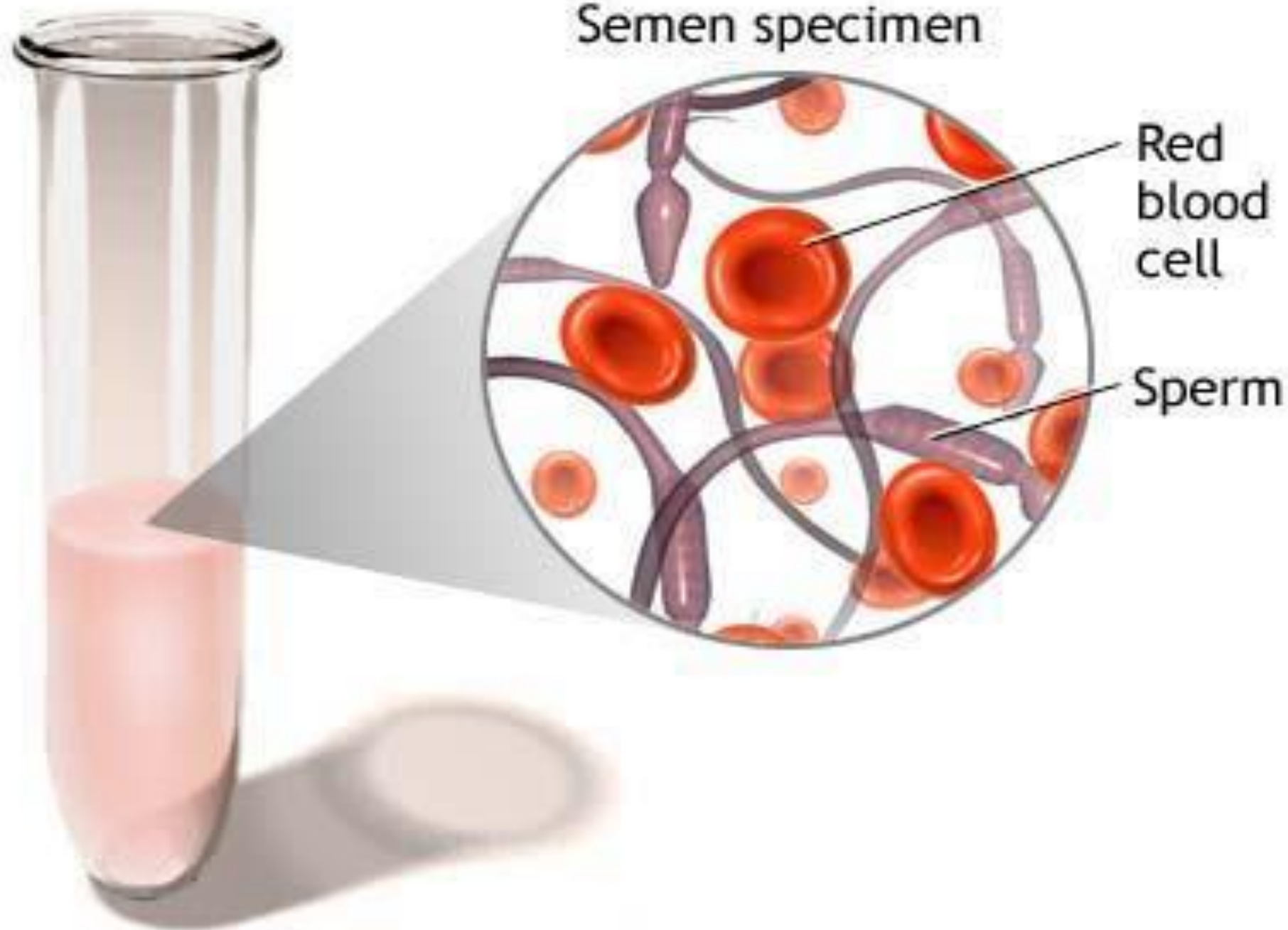
Definition

- ▶ It is a *Reddish* or *Brownish* discoloration of the semen caused by contamination with blood.

Semen specimen

Red
blood
cell

Sperm



- ▶ This discoloration is dependant on:
 - a) **Amount** of the blood (relative to the ejaculate volume).
 - b) The **age** of the blood.
- ▶ Traces of fresh blood will color the semen **pink** or **reddish**, old traces of blood (hours or days) will color the semen more **brown** in color.

Causes of Hematospermia

- ▶ Idiopathic.
- ▶ Traumatic.
- ▶ Intra urethral warts.
- ▶ Rare causes.
- ▶ Diseases of :
 1. The Prostate
 2. The Seminal vesicles

1- Idiopathic Hematospermia is the commonest cause

The most common cause(70%) of Hematospermia patients.

No specific cause is found.

2- Diseases of the Prostate and Seminal Vesicle

-Prosto-vesicular congestion (excessive coitus or masturbation)

-Inflammations:-

.Non-specific: Prostatitis (bacterial and nonbacterial)

.Specific:
Bilharzial
Trichmoniasis
T.B
Gonorrhea

-**Neoplasms**: cancer prostate and cancer of seminal vesicle.

-**Senile Prostatic hyperplasia.**

-**Prostatic calculi.**

-**Cysts of the seminal vesicles.**

3- Other rare causes:

- Blood diseases (i.e. purpura & Leukemia).
- Hypertension
- Liver cirrhosis with portal hypertension.
- Abnormal posterior urethral vessels.

4- Traumatic:

-Intra urethral catheter.

-Foreign bodies.

(some patients were found to masturbate by placing foreign bodies into the urethra).



5- Intra urethral warts



The clinical picture



► Age: the condition usually affects men in their 40's

(it appears only occasionally in the 50's and rarely in 30's)

Color of the Semen

- ▶ The color of semen may vary from black, brown, rusty to red.

(This depends on the duration of time since bleeding has occurred in to the seminal tract).

Presentation of Hemospermia

Hemospermia can be :-

- ▶ Of short duration.
- ▶ Persistent over several months.
- ▶ Recurrent for several years.
- ▶ Occurs as isolated incidents.

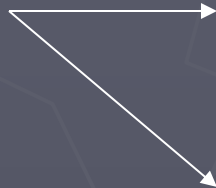
Diagnosis

► History

► Examination

General examination

Local examination



History

- ▶ **Age:** most common in males in 40's (30-50)
- ▶ **Location:** socio economic level →
crowded home → TB?
urban → Bilharzial infection?

► **Job:** farmer → Bilharzial infection?
→ liver cirrhosis with P.H.?

► **Marital status:**

single → excessive masturbation?

→ congestion?

married → excessive coitus?

► Special habits:

masturbation with foreign body → trauma..?

smoker → T.B.?

→ Prostatic hyperplasia or cancer

► Personal history

Duration of Hemospermia?

Recurrence?

Isolated incidence?

Trauma?

► Past history

Hypertension?

Bilharzial infection?

Illegal intercourse → Gonorrhea ?

→ Intraurethral wart?

Hepatitis? → liver cirrhosis?

Urinary tract stone/ catheterization → trauma?

Blood diseases (purpura, leukemia) → bleeding tendency?

► *Physical examination*

► *Laboratory examination*



Physical examination

► General examination.

signs of trauma?

L.N?

Abdominal masses?

Signs of portal hypertension?

Local examination of the genital system.

- ▶ Digital rectal examination of the prostate and seminal vesicles.
- ▶ The seminal vesicles are palpable in case of
 - Seminal vesiculitis → boggy feeling or fluctuant.
 - Tuberculosis → indurated and nodular.
 - Carcinoma → stony.

Examination of the penis

To rule out :

- ▶ Presence of intra urethral warts.
- ▶ Discharge.
- ▶ Site of trauma.

Laboratory examination

Urine analysis:

To rule out :

1. Haematuria.
2. Pyuria.
3. Bilharziasis.

If persistent pyuria is present , acid fast smear and culture are done to investigate the possibility of T.B. .!!

Semen examination

1. For RBC's,
2. Pus cells,
3. Bilharzial ova,
4. Trichomoniasis.

Semen culture

For chronic bacterial Prostatic vesiculitis.

-Z.n. stain for acid fast bacilli.

Plain x-ray urinary tract

For Prostatic calculi.

Excretory Urography

only patients with clear suggestion and suspicion of Genito-urinary, T.B. or Renal calcular diseases or associated with heamatouria.

Endoscopies, C.T. scan or M.R.I.

in selected patients.

Blood tests

1. P.S.A.
2. CBC .
3. ESR.
4. Liver functions.
5. Kidney functions.

Treatment



A) Treat the cause if possible

i.e.. Bilharzias, T.B.



B) Reassure the patient:

- ▶ This condition is not due to malignancy or sexually transmitted diseases.
- ▶ It will not affect his sexual functioning.
(This is the most important step in the treatment of Heamospermia.)

- Some authors prescribe diethyl-stilbosterol 5mg /day for one week to decrease the hypertrophy of the seminal vesicles .
(Fletcher et al)

Thank you

